



COVID-19 Vaccine Provider Guidance

Summary Sheet Updates

Updated March 4, 2021

Our goal is to vaccinate as many people as quickly and fairly as possible given the limited supply of vaccines.

Prioritization Groups

- Group 1 Health care workers and Long-term care staff and residents — **ACTIVE**
- Group 2 Older adults (defined as 65 and above) — **ACTIVE**
- Group 3 Frontline essential workers — **ACTIVE** starting February 24, 2021 for child care and PreK-12 school staff and March 3, 2021 to all Frontline Essential Workers
- Group 4 Adults at high risk for exposure and increased risk of severe illness — **NOT YET OPEN**
- Group 5 Everyone who wants a safe and effective COVID-19 vaccination — **NOT YET OPEN**

Key Updates March 4, 2021

- **Opening to Groups 3 and 4:** NCDHHS announced additional frontline essential workers in Group 3 can be vaccinated starting March 3, 2021 (see Section 6.0). Frontline essential workers includes people who must be in-person at their place of work and work in one of the 8 essential sectors (i.e., critical manufacturing, education, essential goods, food and agriculture, government and community services, health care and public health, public safety, and transportation). Examples of jobs included in these sectors are in the [Group 3 Deep Dive](#), and a more comprehensive list under each category can be found in the [Cybersecurity & Infrastructure Security Agency \(CISA\) Memorandum](#).

NCDHHS also announced further details on Group 4 (see Section 7.0). North Carolina will move to [Group 4](#) on March 24, beginning with people with high-risk medical conditions, people experiencing homelessness, and incarcerated people who have not yet been vaccinated. North Carolina plans to move to other essential workers and other people in close group living settings after that in [Group 4](#).

- **Group 1 Update:** [Group 1](#) now also includes people receiving long-term home care for more than 30 days including Home and Community Based Services for persons with intellectual and developmental disability, private duty nursing, personal care services, and home health and hospice.
- **Promoting Equitable Vaccine Distribution (Section 21.0):** North Carolina has made a commitment to equity. Equity is embedded in every aspect of vaccine operations, beginning with holding ourselves and our vaccine providers publicly accountable. It continues to be the responsibility of all vaccine providers to ensure equitable access to vaccines.
 - **Equity Tip #1:** Use the [database of Organizations Interested in Hosting/Support Vaccine Events](#).
 - **Equity Tip #2:** Providers should not ask people for photo identification (this includes government IDs, such as drivers licenses). Recognizing the need to confirm names, addresses and dates of birth, vaccine providers are encouraged to adopt practices that do not include requesting a photo ID; instead, for example, they can ask people to pre-register, allow people to



complete a form on-site with their name, address and date of birth, or ask for a bill with a name and address. Vaccine providers should not withhold vaccinations because an individual could not or refused to present identification or proof of residency. The COVID-19 vaccine should be made available to everyone, whether or not they have health insurance and regardless of their immigration status.

- **Johnson and Johnson (Janssen) vaccine.** Clinical information and guidance information is included for the newly authorized Johnson & Johnson (Janssen) COVID-19 vaccine that was authorized by the FDA on February 27, 2021 as the 3rd COVID-19 vaccine. The vaccine is authorized for adults 18 years and older. Clinical information and guidance about triage of persons presenting for vaccinations related to contraindications, precautions and warnings, counseling about possible adverse reactions, storage, handling, administration, transport, orders, payment, billing and the appendices can be found in Sections 12, 15, 16, 17, 18, 22 and 23. Relevant FDA and CDC documents related to Johnson & Johnson (Janssen) can be found in Appendices 41, 42, 43, 47, and 48. Key messages in communicating with patients about the Johnson & Johnson (Janssen) COVID-19 vaccine are included in Section 9, with the key message across all vaccines being: "COVID-19 vaccines help prevent COVID-19 and are extremely effective in preventing hospitalization and death with no serious safety concerns."
- **CVMS Updates:**
 - **Updates** (Section 10.4). Additional functionality launched in CVMS on March 3, 2021 (Release 5.0) to support the administration of and data entry for the one-shot Johnson & Johnson (Janssen) COVID-19 Vaccine. Release 5.0 also includes the ability to identify vaccine allocations to federal programs, including programs with Federally Qualified Health Centers (FQHCs) and the Federal Emergency Management Agency (FEMA). On March 5, 2021 (Release 5.1), Spanish translation of the COVID-19 Vaccine Portal for recipients will be available. The registration process will also be streamlined with the removal of CVMS priority tiering for recipients and aligning with all recipients using the online 'Find My Group' tool.
 - **Organizational Portal** (Section 10.3). NCDHHS recommends that vaccine providers only use the Organization Portal for coordinated and established events for frontline essential workers. Sample email templates are available in Appendix 45 & 46 that can be used to communicate when using the Organization Portal.
- **Standing Order (Section 16).** Statewide Standing Orders are available for all COVID-19 vaccines ([Pfizer and Moderna](#) as well as [Johnson & Johnson](#) vaccines).
- **Federal Vaccination Programs.** There are now additional federally-supported vaccine programs in North Carolina, in addition to the federal Pharmacy Partnership for Long-Term Care Program (see Sections 11.2.1-11.2.3): the Federal Retail Pharmacy Program, the Federal FQHC program, and a Federally Supported Vaccination Site with FEMA that will launch March 10, 2021 in Guilford County. Guilford County was selected for a vaccination site by FEMA and the CDC as an area with significant underserved or marginalized populations. All of these programs receive vaccines from a federal allocation, separate from vaccine doses allocated by NCDHHS.



- **Legal Considerations.** Providers should make vaccine services available to those with Limited English Proficiency (Section 14.4), individuals with disabilities in compliance with the Americans with Disabilities Act (Section 14.5), and regardless of immigration status (Section 14.6).
- **Updates for Pfizer-BioNTech COVID-19 Vaccine (Section 17).** There are updated EUA Fact Sheets for Recipients and Caregivers and for Health Care Providers Administering Vaccine that must be used. The Storage and Handling information was updated to include an additional Transportation and Storage Option for the Pfizer-BioNTech COVID-19 Vaccine. In addition, CDC has provided additional information about a Dry Ice Kit Opt-Out process.
- **Vaccine Allocation Expectations for Providers Accepting an Allocation** (see Section 20):
 - As long as vaccine supply remains very low, all first-doses of vaccine that arrive on Tuesday or Wednesday must be administered and entered into the CVMS platform by Monday evening of the following week.
 - Providers should fully enter vaccine administrations into CVMS within 24 hours, but no later than 72 hours.
 - If you are experiencing difficulty entering data into CVMS and need assistance clearing a data backlog, please reach out to your County Emergency Manager to request assistance through WebEOC.
 - Attempt to complete your first-dose administrations on Thursday, Friday, Saturday, and Sunday. Reserve Monday for using up vaccine that is left from no-shows or cancellations and to confirm that all administration data is entered into CVMS. You can call individuals from your waitlist Sunday night to finish up the small clinic on Monday.
 - Providers need to ensure they are correctly accounting for first and second doses. Going forward, the state will not be able to correct errors at the provider level created by confusion of first and second doses.
 - In addition to the first and second dose spreadsheets, you can differentiate first and second doses in two ways as orders arrive:
 - In the CVMS email, you will see a "S" in the middle of the order number to signal second doses.
 - In the shipment paperwork, the Customer PO field will end in either an "S", indicating a second dose shipment, or an "F", indicating a first dose shipment.
 - Vaccine cannot be restricted based on county of residency. People should not be required to present identification to verify age or residency.
 - High volume vaccination events should create access for individuals in the community in addition to serving the provider's patients.
 - The percentage of vaccine administered to historically marginalized and minority populations should meet or exceed the population estimates of these communities in their county and region. Providers should engage in partnerships, targeted outreach and vaccine events to vaccinate historically marginalized populations and meet this goal.
 - Providers agree to vaccinate in accordance with the State's prioritized groups